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25694

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03/21/2006

INTEL CORPORATION
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Lisa M. Hopkinson (Depositor's name)
Lisa M. Hopkinson (Signature)
May 11, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/676,781

09/30/2003

James M. Dodd

P16947

8348

TITLE OF INVENTION: ADAPTIVE PAGE MANAGEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/21/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
ELMORE, STEPHEN C	2183	711-156000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Intel Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SANTA CLARA, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Lanny L. Parker

Date

May 11, 2006

Typed or printed name

LANNY L. PARKER

Registration No.

44,281

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4500 S. Dobson Road, MS: OC2-157
Chandler, AZ 85248

Intel Legal Team

Fax

Page 1 of 3

Urgent

Confidential

Date: May 11, 2006

To:
MAIL STOP: ISSUE FEE
USPTO

Fax:
(571) 273-2885

Art Unit:
2185

From:
Lanny L. Parker

Fax:
(480) 715-7738

M/S:
OC2-157

Subject:

Application No.: 10/676,781; Inventor: ELMORE, STEPHEN C.
Filed: 9/30/2003 Docket No. P16947

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I hereby certify that the below listed correspondence is being facsimile transmitted to the
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Lisa M. Hopkinson

Date: May 11, 2006

Included in this transmission:

Fax Cover Sheet (1 page)
Issue Fee Transmittal (1 page submitted in duplicate)

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